



General Media Release Form

Date ___ / ___ / ___

- 1) I, the undersigned, hereby authorize Greater Cincinnati Youth Jazz Collaborative to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for any appropriate and legal purpose, including, but not limited to educational and other public media as may be deemed appropriate by Greater Cincinnati Youth Jazz Collaborative (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

I am signing this form as an individual Yes _____ No _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date

Phone Number (if different) (_____) _____

Address of Parent/Guardian (if different) _____

City, State, Zip Code